



NIGERIAN URBAN REPRODUCTIVE
HEALTH INITIATIVE

www.nurhitoolkit.org

Preventing "missed opportunity": Provision of immediate postpartum Intra-Uterine Device (PPIUD) in Urban Ibadan, Nigeria

Akinso S. A.¹, Akiode A.² Ayankola O. J.², M. Odeku A.²

Background

Occurrence of pregnancy within one year after childbirth poses great risk for the mother and her child. Provision of postpartum family planning is an important strategy to reduce these risks. The period can help improve contraceptive uptake, prevent mistimed pregnancies and overall, can achieve improved maternal and child health outcomes. The Nigerian Urban Reproductive Health Initiative is a five-year project with the goal to increase contraceptive prevalence by 20 percentage points in six urban cities including Ibadan, Oyo state, Nigeria. The project utilized multi-strategic approaches which included advocacy to policy and opinion leaders for fund support, strengthening health system through training, equipment supports and quality improvement at the selected project facilities. Integration of service was a major challenge to the uptake of Family Planning (FP) services. In order to forestall missed opportunity, the project embarked on integration of FP into maternal/child health and HIV services.

Program intervention/activity

The project implemented a Post Partum Intrauterine Device (PPIUD) intervention into delivery units of selected health facilities in the program city of Ibadan. An initial assessment of needs for the provision of PPIUD was conducted; basic equipment and consumables were provided with refurbishment of the labor room. Doctors and Midwives were selected from integrated site and trained in both counseling and PPIUD insertion techniques. At every antenatal clinic, pregnant mothers were given health talk on family planning by specially trained PPIUD counselors. Potential clients were recruited during antenatal visit with a tag attached to their delivery note. All interested pregnant client had special counseling sessions and were given the opportunity to ask questions. They were also free to drop out at any point during the process. They were then followed up till delivery time, reminded of the commitment to PPIUD shortly before labor, and got client to sign informed consent. PPIUD was provided (using CUT 380A) immediately

after the delivery of placenta by an already trained doctor or midwives. Following the procedure, client stayed in the procedure room for about 15–30 minutes for observation and then allowed to move to the recovery room with the baby. An important post insertion instruction is to observe the pad for any spontaneous expulsion of the device or any adverse reactions. The client is subsequently given 3 months follow up or report to the clinic for any serious complaint

Methodology

Location: The project was implemented Adeoyo Teaching hospital in Ibadan, Oyo state, Nigeria, where data for this study was collected.

Setting: The hospital provides general medical, surgical and maternity services. The maternity component enjoys high patronage of birth with an average of 400 delivery every month. Prior to intervention, there was no PPIUD service. Informed and voluntary choice through counseling and decision making was ensured, while supplies, equipment and items required for services were made available at place of IUD insertion (mainly labour room). Quality of service was assured by following performance standards/checklists which includes post partum FP counseling, clients assessment, infection prevention, correctness of insertion and participants follow-up visits.

Data Source: The daily FP register and client file was used as source document to collect data form PPIUD clients. While record keeping was strengthened by integrating it with client follow-up systems. Data on PPIUD clientele at Adeoyo hospital were collected over a period of twenty months. (Jan 2013–August, 2014)

Intended Beneficiaries: All women who registered for ante Natal care were potential beneficiaries. They were all exposed to Family Planning health education with emphasis on benefit. Interested client were then given further counseling and followed up every month until delivery period

Participants: One hundred and ninety 190 women were recruited for the intervention, of which 163 opted for PPIUD

Results

Women who showed interest in PPIUD were followed all through pregnancy until labour, Of the 190 ante natal women recruited, slightly above a quarter present themselves for PPIUD to limit child bearing (17%), while the rest will like to space their child (83%). Majority of which were married:- ninety one percent (91%), with their age ranging from seventeen to forty two years (17 – 42), an average age of 26.8 ± 7.6 . The women's parity averaged 2.2 and Eight one percent of whom were

reached during antenatal clinics visits. In the space of 20 month period, PPIUD uptake rose from Zero to 163

Program Implications/lessons learnt

Preventing risky pregnancy and its attendant consequences can be achieved through integration of services when service providers are given perquisite knowledge and skill in various FP delivery strategies and when women are counseled early during pregnancy to ensure informed decision to use FP method. Providing Family planning services to women immediately after delivery eliminate potential risk of unwanted pregnancy. Besides; PPIUD insertion is a safe procedure not requiring commodities beyond standard delivery equipment.

This result can be used to scale up PPIUD intervention in many secondary health facilities for increased uptake of FP while also providing the enabling opportunity for newly delivered mothers to make early informed choice about FP.